



Commonwealth of Massachusetts  
Department of Public Safety  
One Ashburton Place, Room 1301  
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WWW.MASS.GOV/DPS

Form A-2  
2006-1

### CERTIFIED INSPECTOR'S REPORT FOR AMUSEMENT DEVICES

*An alternate form may not be used, however supplemental information may be attached.*  
The following report is submitted in compliance with 520 CMR 5.02.11 established by the Department of Public Safety.

\_\_\_\_\_  
(Print name of Inspector)

\_\_\_\_\_  
(Inspector Phone Number)

\_\_\_\_\_  
(Inspector E-Mail Address)

\_\_\_\_\_  
(Amusement Company Phone Number)

\_\_\_\_\_  
(Inspector Website Address)

\_\_\_\_\_  
(Inspector Fax Number)

\_\_\_\_\_  
(Print Name of Amusement Company)

\_\_\_\_\_  
(Contact Name Title)

\_\_\_\_\_  
(Company Street Address)

\_\_\_\_\_  
(Company City, State, Zip Code)

The following information must accompany this report (please check as attached):

- ☐ A complete list of all items found that were not to be in compliance, for each device and the current status of those items. Each item shall include the name of the device and the Massachusetts identification number (USID number).
- ☐ The NDT report from an individual certified to perform non destructive testing in accordance with Section V and IX of the ASME Code.
- ☐ Have overhauls as required by the manufacturer been performed? YES NO N/A

This report shall be provided to the owner and the Department before a license may be issued to the owner.

I certify under the penalties of perjury that to the best of my knowledge and belief that the devices listed on the following page are in compliance with 520 CMR 5.00. I have personally inspected these devices in accordance with 520 CMR 5.00.

\_\_\_\_\_  
(Signature of Inspector)

\_\_\_\_\_  
(Date of Inspection)

\_\_\_\_\_  
(Print Last Name)

\_\_\_\_\_  
(Massachusetts Certificate of Competency Number / Expiration)

## CERTIFIED INSPECTOR'S REPORT

Note: License will not be issued unless this document has been completed and signed by the inspector.

### \* Certified Inspector's Supplemental Information Form

USID Number	Name of Device	Check off All Items completed	Note Items of Non-compliance and what was done to bring the device into compliance?
		Verified Manufacturer Data Report <input type="checkbox"/> Viewed Repair / Maintenance Logs <input type="checkbox"/> Ensured Owner has proper manual <input type="checkbox"/>	
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I certify under the penalties of perjury that to the best of my knowledge and belief that the devices listed on the following page are in compliance with 520 CMR 5.00. I have personally inspected these devices in accordance with 520 CMR 5.00.

\_\_\_\_\_  
(Signature of Inspector)

\_\_\_\_\_  
(Date of Inspection)

\_\_\_\_\_  
(Print Last Name)

\_\_\_\_\_  
(Massachusetts Certificate of Competency Number / Expiration)